

Application for Certification Environmental Laboratory Accreditation Program

This application is for laboratories seeking certification under the California Environmental Laboratory Improvement Act (Chapter 4 commencing with Section 100825, Part 1, Division 101, of the California Health And Safety Code).

PART A LABORATORY INFORMATION

1. Type of Application: New ☐ Renewal ☐ Amendment ☐
Certificate No. _____ Expiration Date: _____
2. Name of Laboratory: _____
3. Division: _____
4. Laboratory Location / Address: (Actual Location)
Street: _____
City: _____ State: _____ Zip: _____
5. Laboratory Mailing Address: (For mail delivery)
Street: _____
City: _____ State: _____ Zip: _____
6. Laboratory Shipping Address: (For sample delivery)
Street: _____
City: _____ State: _____ Zip: _____
7. Telephone #: _____ 8. FAX #: _____
9. E-Mail Address: _____ 10. Web Site : _____
11. County (CA only): _____ 12. Water Quality Control Board Region #: _____
13. Description of Laboratory Type: (Check one)

<input type="checkbox"/> Commercial	<input type="checkbox"/> City	<input type="checkbox"/> Academic Institute
<input type="checkbox"/> Federal	<input type="checkbox"/> Public water system	<input type="checkbox"/> Hospital or health care
<input type="checkbox"/> State	<input type="checkbox"/> Public wastewater system	<input type="checkbox"/> Industrial (an industry with discharge permit)
<input type="checkbox"/> County	<input type="checkbox"/> Recycling Facility	<input type="checkbox"/> Other (describe) _____
14. Laboratory Director: _____ Telephone #: _____
15. Contact Person: _____ Telephone #: _____
16. Mail Recipient Name: _____
17. Owner / Agents Name: _____
18. For Mobile Laboratories:
Vehicle Make: _____ Model: _____ Vehicle ID #: _____
Vehicle License No.: _____ State of Registration: _____

(for ELAP office use only)

Application Number: _____ Date Received: _____

PRIVACY NOTIFICATION

The information in Part B (Personnel Qualifications) of this application is requested by the State Department of Health Services in compliance with the Information Practices Act of 1977. The authority for maintaining the requested information is the California Code of Regulations, Title 22, Sections 64485 and 67605. This information is mandatory. Failure to provide all the necessary information may result in denial of the application for certification. The purpose of the personnel information is to verify the personnel qualifications required for the laboratory director and principal analyst(s). This information will not be disclosed outside the Department of Health Services except as in accordance with the Information Practices Act of 1977. For more information or access to your records, contact ELAP.

PART B PERSONNEL QUALIFICATIONS LABORATORY DIRECTOR

1. Name (Last, First, Middle Initial): _____

2. Title: _____

3. Education:	College/University	Major	Degree	Year Completed
Month/Year From - To				

4. Technical Training:	Technical Trade or Service School	Subject Certificate	Year Completed
Month/Year From - To			

5. Relevant Experience: (Last 5 years)	Name and Address of Employer	Job Title
Month/Year From - To		

6. Briefly describe your experience relevant to this employment on a separate sheet of paper. Be sure to identify the laboratory, person's name and position.

7. Certificate(s): (Analyst)
☐ CAL Nevada Section American Water Works Association

Grade: _____ Expiration date: _____

☐ California Water Pollution Control Association (CWPCA)

Grade: _____ Expiration date: _____

PART B
PERSONNEL QUALIFICATIONS
PRINCIPAL ANALYST

Please make photocopies of this form and provide the information for additional personnel.

1. Name (Last, First, Middle Initial): _____

2. Title: _____

☐ Supervisor of Section _____ Operates Device _____

3. Education:	College/University	Major	Degree	Year Completed
Month/Year From - To				
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

4. Technical Training:	Technical Trade or Service School	Subject Certificate	Year Completed
Month/Year From - To			
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

5. Relevant Experience: (Last 5 years)	Name and Address of Employer	Job Title
Month/Year From - To		
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

6. Briefly describe your experience relevant to this employment on a separate sheet of paper. Be sure to identify the laboratory, person's name and position.

7. Certificate(s): (Analyst)

☐ CAL Nevada Section American Water Works Association

Grade: _____ Expiration date: _____

☐ California Water Pollution Control Association (CWPCA)

Grade: _____ Expiration date: _____

PART C FIELDS OF TESTING

Check the appropriate box(es) for the Fields of Testing (FoTs) for which your laboratory requests certification.

<input type="checkbox"/>	E101	Microbiology of Drinking Water
<input type="checkbox"/>	E102	Inorganic Chemistry of Drinking Water
<input type="checkbox"/>	E103	Toxic Chemical Elements of Drinking Water
<input type="checkbox"/>	E104	Volatile Organic Chemistry of Drinking Water
<input type="checkbox"/>	E105	Semi-volatile Organic Chemistry of Drinking Water
<input type="checkbox"/>	E106	Radiochemistry of Drinking Water
<input type="checkbox"/>	E107	Microbiology of Wastewater
<input type="checkbox"/>	E108	Inorganic Chemistry of Wastewater
<input type="checkbox"/>	E109	Toxic Chemical Elements of Wastewater
<input type="checkbox"/>	E110	Volatile Organic Chemistry of Wastewater
<input type="checkbox"/>	E111	Semi-volatile Organic Chemistry of Wastewater
<input type="checkbox"/>	E112	Radiochemistry of Wastewater
<input type="checkbox"/>	E113	Whole Effluent Toxicity of Wastewater
<input type="checkbox"/>	E114	Inorganic Chemistry & Toxic Chemical Elements of Hazardous Waste
<input type="checkbox"/>	E115	Extraction Test of Hazardous Waste
<input type="checkbox"/>	E116	Volatile Organic Chemistry of Hazardous Waste
<input type="checkbox"/>	E117	Semi-volatile Organic Chemistry of Hazardous Waste
<input type="checkbox"/>	E118	Radiochemistry of Hazardous Waste
<input type="checkbox"/>	E119	Toxicity Bioassay of Hazardous Waste
<input type="checkbox"/>	E120	Physical Properties of Hazardous Waste
<input type="checkbox"/>	E121	Bulk Asbestos Analysis of Hazardous Waste
	E122*	Microbiology of Food
	E123*	Inorganic Chemistry and Toxic Chemical Elements of Pesticide Residues in Food
<input type="checkbox"/>	E124	Organic Chemistry of Pesticide Residues in Food (measurements by MS techniques)
<input type="checkbox"/>	E125	Organic Chemistry of Pesticide Residues in Food (excluding measurements by MS techniques)
<input type="checkbox"/>	E126	Microbiology of Recreational Water
<input type="checkbox"/>	E127	Shellfish Sanitation
	E128*	Air Quality Monitoring

* The FoTs are under development.

**PART D
INVOICE FOR FEES**

- ☐ Claim of Exemption from Fees: (attach written evidence for claim of exemption)
- ☐ California County or City Public Health Laboratory established under, Health and Safety Code Section 101150
- ☐ Government Reference Laboratory as defined in, Health and Safety Code Section 100860 (e) & (g)

☐ Not Exempt From Fees

The Basic Fee is \$959.00, and the Field of Testing Fee is \$432.00.

Basic Fee + Number of Fields of Testing Requested times the Field of Testing Fee = Total Fee

$\frac{\$959}{\text{Base Fee}} + \frac{\text{Number of FoTs} \times \$432}{\text{Field of Testing Fee}} = \$ \text{Total Fee Amount}$

Enclose a check for the total fee, payable to "California DHS Environmental Laboratory Accreditation Program."

NOTE: Out of state laboratories - the cost of travel to visit a laboratory located outside the State of California will be determined and billed after completion of the site visit, Section 100860(b), Health and Safety Code.

**PART E
QUALITY ASSURANCE MANUAL**

Please submit two copies of your laboratory's manual for the in-house quality assurance program with this application.

**PART F
FIELD OF TESTING FORM**

Please submit the completed electronic and hard copy of the Field of Testing Forms for each FoT the laboratory is seeking or amending accreditation. The forms can be downloaded from <http://www.dhs.ca.gov/ps/ls/elap/html/Forms.htm>.

**PART G
OTHER PERTINENT INFORMATION (OPTIONAL)**

Use a separate sheet of paper to provide any additional information about your laboratory that you feel may demonstrate laboratory competency, such as other certifications and proficiency testing programs in which your laboratory participates.

**PART H
APPROVAL FOR SUBMISSION
(This Section Must be Completed and Signed before the Application will be Accepted)**

TYPE OR PRINT: Name of Laboratory: _____

Name of Owner or Owner's Agent: _____

Signature: _____ Date: _____

Return the completed application, quality assurance manual, and the appropriate fee to:

CALIFORNIA DEPARTMENT OF HEALTH SERVICES
ENVIRONMENTAL LABORATORY ACCREDITATION PROGRAM (ELAP)
1625 Shattuck Avenue, Room 101
Berkeley, CA 94709-1611